



**Texas Department of Insurance**  
**Life/Health Division**, Mail Code 106-1A  
P.O.Box 149104 Austin, Texas 78714-9104  
**512-322-3401 telephone**  
**512-322-3552 or 512-322-3506 fax**  
**www.tdi.state.tx.us**

## Reporting Form HGC-1

**Report to Texas Department of Insurance Health Group Cooperatives Statement of Amounts Collected and Expenses Incurred in Accordance with 28 Tac Section 26.401(E) and *Texas Insurance Code*, Chapter 26**

Filing is on behalf of:

\_\_\_\_\_  
INSERT NAME OF HEALTH GROUP COOPERATIVE

\$

\_\_\_\_\_  
FILL-IN "AMOUNTS COLLECTED BY COOPERATIVE"

\_\_\_\_\_  
SPECIFY CALENDAR YEAR DURING WHICH AMOUNTS WERE COLLECTED

\$

\_\_\_\_\_  
FILL-IN "EXPENSES INCURRED BY COOPERATIVE"

\_\_\_\_\_  
SPECIFY CALENDAR YEAR DURING WHICH EXPENSES WERE INCURRED

I certify that the information provided in this document is true and accurate based upon my best knowledge, information and belief.

\_\_\_\_\_  
SIGNATURE OF PERSON CERTIFYING ON BEHALF OF THE BOARD OF DIRECTORS FOR THE NAMED COOPERATIVE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE